

WCN Care Stour Road Care Home Ltd

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## Inspection report

14 Stour Road  
Christchurch  
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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Stour Road Care Home is a residential care home providing personal care to 19 people aged 65 and over, some living with a dementia, at the time of the inspection. The service can support up to 20 people. The care home provides accommodation over two floors in one adapted building situated in a residential area near the town centre.

### People's experience of using this service and what we found

Actions needed to minimise the risk of harm to people had not consistently been recorded, monitored or effectively reviewed. This included risks associated with skin damage, dehydration and falls. Medicines were administered safely but not always in line with best practice. Staff understood the actions they needed to take to protect people from avoidable infections. People described the care as safe and staff understood how to recognise and act upon concerns of abuse of poor practice.

Management oversight included audits of the care people received but had not been effective in identifying shortfalls in the management of assessed risks to people. Quality surveys had been completed to gather feedback from people and led to changes with the menu and the reintroduction of musical entertainment. Staff spoke positively about teamwork and communication.

Staff were knowledgeable about people's care needs and wishes but records did not always reflect the care being provided. This meant people were at risk of not receiving consistent, person centred care. Opportunities to be involved in activities in the home and links with the community were limited and not reflective of people's individual interests.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. A complaints process was in place and people and their families felt any concerns they had were listened to and actioned.

Staff were respectful of people's dignity, privacy and independence. We observed people being cared for by staff who knew them well, demonstrating kindness, patience and emotional support where needed. People had their communication needs understood which enabled staff to support people in making decisions about their day to day lives.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection (and update) The last rating for this service was requires improvement (published 28 February 2018). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating and enforcement action taken to inform our planning and decisions about the rating at this inspection.

### Why we inspected

This was a planned inspection based on the previous rating.

### Enforcement

We have identified breaches in relation to the safe care and treatment of people and governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# WCN Care Stour Road Care Home Ltd

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Reside Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the service was registered on 1 April 2019. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about the service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

During our inspection we spoke with three people who used the service and two relatives. We spoke with the proprietor, registered manager, quality lead, four care workers, an agency care worker, chef, administrator and housekeeper. We also spoke with a visiting community staff nurse who had experience of the service. We reviewed six peoples care files and checked their accuracy. We checked two staff files, medication records, management audits and meeting records. We walked around the building observing the safety and suitability of the environment and observing staff practice.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data. We spoke with two relatives who had experience of the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. At the last inspection with the previous registered provider this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Actions needed to minimise the risk of harm to people had not consistently been recorded, monitored or effectively reviewed. This meant people were at risk of avoidable harm.
- One person had a very high risk of skin damage. To protect their skin, they had a pressure relieving air mattress in place. Their risk assessment contained no information about the mattress or its correct use. We found the air mattress had been set incorrectly which meant the protection it was able to provide was compromised.
- Two people had a high risk of dehydration. We checked their fluid intake records over 10 days and found daily charts had not always been completed. Recorded daily fluid intake ranged from 200 – 800 mls. The registered manager told us the process was that charts were monitored daily to ensure actions to reduce a risk of harm were effective. The registered manager agreed this had not been taking place.
- Accidents and incidents had been recorded but the information had not been used to learn lessons or review risk. One person had a high risk of falls. Completed accident forms showed us they had fallen twice over a three week period but the information had not been used to inform a completed review of risk.

Risks identified for people had not been assessed, monitored and reviewed to minimise the risks of avoidable harm. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Records showed us that equipment was serviced regularly including fire equipment and hoists. People had personal evacuation plans which meant staff had an overview of what support each person would require if they needed to leave the building in an emergency.

Using medicines safely

- Medicines were not always administered in line with best practice. One person had a prescribed fortified food supplement which staff were administering to other people when they had a reduced appetite. This meant people were at risk of receiving inappropriate treatment.
- Medicines that required stricter controls by law were stored correctly in a separate cupboard and a stock record book was completed accurately.
- Staff were able to explain the actions they needed to take should a medicine error occur.
- When people were prescribed topical creams, body maps had been completed which provided clear guidance for care staff on correct administration.

### Systems and processes to safeguard people from the risk of abuse

- Staff had been trained to recognise signs of abuse and understood their role in reporting concerns of abuse or poor care practice. People and their families told us they felt the care was safe. One relative told us, "(Name) is a happy soul and I feel quite safe".
- People were protected from discrimination. Staff had completed training in equality and diversity and respected people's lifestyle choices.

### Staffing and recruitment

- People were supported by staff that had been recruited safely. References had been obtained and criminal record checks completed to ensure suitability for working with in a care setting.
- Staffing levels met people's needs. One person told us, "There are enough staff. We had a spate of girls (care staff) leaving but the new staff have fitted in well". We observed people receiving care and attention in a timely way when needed.

### Preventing and controlling infection

- People were protected from avoidable risks of infection. Staff had completed infection control training.
- Staff had access to appropriate personal protection equipment such as gloves and aprons.
- The home was kept clean by a housekeeping team and free of malodour.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. At the last inspection with the previous registered provider this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Pre-admission assessments gathered information which included details of a person's care needs and lifestyle choices and any spiritual or cultural requirements.
- Assessments had been completed in line with current legislation, standards and good practice guidance. They were used to create people's initial care and support plans.

Staff support: induction, training, skills and experience

- Staff had completed an induction and had on-going training and support that enabled them to carry out their roles. A care worker told us, "I found my induction really helpful and I achieved the care certificate". The care certificate sets out common induction standards for social care staff.
- Staff were able to explain how dementia training had helped them in their role. A care worker explained, "There are so many types (of dementia) and it's helped me know the right approach. Slow talking, check understanding, speak at eye level close to the person and remove distractions".
- Staff had opportunities for professional development such as diplomas in health and social care.

Supporting people to eat and drink enough to maintain a balanced diet

- Both care and catering staff had a good understanding of people's individual likes, dislikes and any special dietary requirements. People had an opportunity to feedback on the menu. The chef told us, "Residents suggested a Chinese evening, we had spring rolls and sweet and sour; it was a great success".
- People were offered choices of home cooked food at each meal time. One person told us, "The food is great; can have anything I want including custard if I wanted it".

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff had worked with other health teams to enable consistent, effective care. Examples included working with district nurses and physiotherapists.
- People had access to a range of healthcare services including GPs, chiropodists and opticians for both planned and emergency situations. One person told us, "If I need it they will get me a GP the same day".

Adapting service, design, decoration to meet people's needs

- People had access to both private spaces, an area to meet and socialise and a secure accessible garden.
- Signage around the home enabled people to orientate themselves independently around the building. Bedroom doors had personalised signage which included photographs and images of a person's hobbies

and interests.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People had best interest decisions in place that were decision specific and provided evidence about how the decision had been made. One example included a person having their medicines administered covertly. The decision had included the persons GP and family.
- Deprivation of Liberty Safeguards had been applied for where people who needed to live in the home to be cared for safely did not have the mental capacity to consent to this. Records showed one authorised DoLs had expired and was overdue for renewal. This was completed during our inspection.
- We observed staff seeking consent from people and offering choices before providing any support. When people declined offered support this was respected.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. At the last inspection with the previous registered provider this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their families spoke positively about the care. One person told us, "The care staff show compassion". A relative told us, "(Name) is looked after well; he's happy".
- People were respectfully supported with their lifestyle choices. Staff were knowledgeable about people's life histories and the family and friends important to them.
- We observed staff supporting people with patience and kindness. One person needed help with their mobility and required a lot of reassurance. A care worker explained every action to them, helping at the persons pace. When finished the person told them, "Your wonderful".

Supporting people to express their views and be involved in making decisions about their care

- People were involved in decisions about their day to day care. One person told us, "The staff know my routine". Another said, "I feel in control of my day; I love to spend time in the garden in the summer".
- People could have access to an advocate if they needed somebody independent to support them with decision making.

Respecting and promoting people's privacy, dignity and independence

- Staff understood their role in ensuring people had their privacy, dignity and independence respected. A care worker explained, "We close the door and curtains, always ask if we can help, step outside the loo, encourage independence. (Name), I helped with her personal care, prompted her to wash her face; get involved".
- Confidential data was accessed by electronic passwords or stored in a secure place ensuring people's right to confidentiality was protected.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. At the last inspection with the previous registered provider this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People did not have care and support plans that always reflected the care being provided. Actions needed to meet people's care needs, and choices were not always included. Examples included catheter care, use of pressure relieving equipment and supporting a person regain mobility. This meant people were at risk of receiving inconsistent care that was not person centred. Care workers were able to tell us how they supported a person with their catheter, pressure care and exercises to support mobility.
- Staff felt kept up to date with people's changing needs. A care worker told us, "Changes from the day before are discussed at handover and there's also a communication book we can read".
- People and their families had fed back in a survey they were unsure of care plan content. The service responded by setting up a new process that involved people and families in a monthly review. One relative told us, "We've been asked to look at care plan and sign it".

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's individual communication needs had been assessed and were understood by the staff team. Assessments included the use and care of glasses and hearing aids. One person did not have English as their first language and had signage in their room written in their spoken language.
- Information was shared with other professionals, such as when attending hospital, to ensure a persons communication needs were understood.
- Information was displayed around the home in large print and some included picture images.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had limited opportunities to be involved in activities both in the home and local community. The quality lead agreed and told us this was an area that they were focusing on as a key priority.
- People told us they had asked for visiting musical entertainers to be reintroduced and this had been organised and thoroughly enjoyed.
- Families and friends were able to visit at any time and told us staff made them feel welcome.
- We observed a birthday celebration with staff and family singing happy birthday and having fun together.

Improving care quality in response to complaints or concerns

- People and their families had been provided with information about how to make a complaint which included details of how to appeal to external organisations against the outcome.
- No complaints had been received since the service had become registered.

End of life care and support

- People had an opportunity to develop care and support plans detailing their end of life wishes, which included any cultural requirements and decisions on whether they would want resuscitation to be attempted.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. At the last inspection with the previous registered provider this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: Continuous learning and improving care

- Records for people were not always accurate or reflective of the care they received. This meant people were at risk of receiving inconsistent care and treatment that did not reflect their needs or choices.
- People were not always protected from avoidable harm as auditing systems had not been effective in highlighting shortfalls or monitoring and reviewing actions in place to reduce risks to people. The registered manager and quality lead agreed auditing processes needed to be reviewed.

Due to poor governance of the service people were placed at risk of harm. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The registered manager had a good understanding of their responsibilities for sharing information with CQC.
- The service had made statutory notifications to us as required and our records told us this was done in a timely manner. A notification is the action a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, families and staff told us they felt able to share views and ideas and felt listened too. A care worker told us, "We have regular meetings, but we chat together to nip problems in the bud. We all get on well". One person told us, "If you ask (registered manager), to do something he jumps right on it".
- Leadership was visible with the registered manager working alongside care staff to support people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the requirements of the duty of candour. This is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. Records showed us they fulfilled these obligations where necessary.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, their families and staff had opportunities for developing the service and sharing information and learning. An example had been people and their families completing a quality survey that gathered their views on the service. Details were on display detailing people's feedback and the actions taken in response.

#### Working in partnership with others

- The staff team worked with other organisations and professionals to ensure people's care and support was in line with best practice guidance.
- The owner told us, "Our goal is quality improvement. (Quality lead) looks at where we sit, as an example use of anti-psychotic medicines, researches best practice and importantly embeds in our practice".

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Risks identified for people had not been assessed, monitored and reviewed to minimise the risks of avoidable harm.

### **The enforcement action we took:**

The registered provider must carry out monthly audits in relation to risks to peoples safety and submit a monthly report to the Care Quality Commission setting the actions taken as a result of these audits.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Due to poor governance of the service people were placed at risk of harm.

### **The enforcement action we took:**

The registered provider must carry out monthly audits in relation to risks to peoples safety and submit a monthly report to the Care Quality Commission setting the actions taken as a result of these audits.